Recipient Committee Campaign Statement Cover Page	Type or print in ink.		Date Stamp	california 460
(Government Code Sections 84200-84216.5)	Statement covers period from1/1/07	Date of election if applicable: (Month, Day, Year) JAN	26 A10:06	Page 1 of 4
SEE INSTRUCTIONS ON REVERSE	through1/20/07	3/06/07 CITY (	Y CLERK F PASADEMA	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored P	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored lso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee	2. Type of Statement:      Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Te     Amendment (Explain be	Sp Sumination)	iarterly Statement ecial Odd-Year Report pplemental Preelection stement - Attach Form 495
Political Party/Central Committee  A  Committee Information	Iso Complete Part 7)  . NUMBER 293096	Treasurer(s)		***************************************
Friends of Mark Mastromatteo		NAME OF TREASURER Cathy Fraser MAILING ADDRESS 224 West State St.		
STREET ADDRESS (NO P.O. BOX) 680 Laguna Road		CITY Pasadena	STATE ZIP CA 911	CODE AREA CODE/PHONE 105 626-641-9302
CITY STATE ZIP CO Pasadena CA 91105 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BI	626-799-7973	NAME OF ASSISTANT TREASUR	ER, IF ANY	
CITY STATE ZIP CO		CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification  I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on	By Signature of Conf.	wledge the information contained her  Why I was a sure of researce or Assignation of Controlling Officeholder, Candidate, State Measure Proposition of Controlling Officeholder, Candidate, Statement of Controlling Officeholder, Candidate, Candidate	reasurer  conent or Responsible Officer of Sponso ate Measure Proponent	
Cone		agi iawa ui compang Umcenpider, Candidaté, St		FPPC Form 460 (January/05) Helpline: 866/ASK-FPPC (866/275-3772) State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
	ORNIA ORM	460			
Page	2	of <u>4</u>			

NAME OF OFFICEHOLDER OR CANDIDATE		· · · · · · · · · · · · · · · · · · ·		NAME OF BALLOT MEASURE			- <del></del>	
Mark Mastromatteo								
OFFICE SOUGHT OR HELD (INCLUDE LOCA	ATION AND DISTRICT NUMBER	IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
Pasadena Board of Education S	eat #2							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	AND STREET) CITY	STATE ZIP					_	
680 Laguna Road Pasadena CA 91105				Identify the controlling of	ficeholder, ca	indidate, or st	ate measure	proponent, if any
				NAME OF OFFICEHOLDER. CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Includ	ded in this Statement:	l ist any committees						
not included in this statement that are contributions or make expenditures on	controlled by you or are prima			OFFICE SOUGHT OR HELD			DISTRICT NO.	F ANY
•								
COMMITTEE NAME	I.D. NUME	BER						
	i							
NAME OF TREASURER	CONTROL	LLED COMMITTEE?	7.	Primarily Formed Car				
NAME OF TREASURER	CONTROL		7.	officeholder(s) or candidate(	s) for which th	is committee is	primarily form	
			7.		s) for which th	is committee is		
	☐ YES		7.	officeholder(s) or candidate(	s) for which the	OFFICE SOU	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET AD	DDRESS (NO P.O. BOX)	S NO	7.	officeholder(s) or candidate(	s) for which the	OFFICE SOU	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET AD	DDRESS (NO P.O. BOX)	S NO	7.	officeholder(s) or candidate( NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	S) for which the	OFFICE SOU	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET AD	ODRESS (NO P.O. BOX)  STATE ZIP CODE	S NO	7.	officeholder(s) or candidate(	S) for which the	OFFICE SOU	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET AD	ODRESS (NO P.O. BOX)  STATE ZIP CODE	S NO	7.	officeholder(s) or candidate( NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	S) for which the	OFFICE SOUR	primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ACC	ODRESS (NO P.O. BOX)  STATE ZIP CODE	S NO  AREA CODE/PHONE  BER  LLED COMMITTEE?	7.	officeholder(s) or candidate( NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	S) for which the	OFFICE SOUR	Primarily form GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT
COMMITTEE ADDRESS STREET AD CITY  COMMITTEE NAME  NAME OF TREASURER	STATE ZIP CODE  I.D. NUME  CONTROL	S NO  AREA CODE/PHONE  BER  LLED COMMITTEE?	7.	officeholder(s) or candidate( NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	S) for which the	OFFICE SOUR	Primarily form GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET AD CITY  COMMITTEE NAME  NAME OF TREASURER	STATE ZIP CODE  I.D. NUME  CONTROL	S NO  AREA CODE/PHONE  BER  LLED COMMITTEE?	7.	officeholder(s) or candidate( NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	S) for which the	OFFICE SOUR	Primarily form GHT OR HELD GHT OR HELD	SUPPOS SUPPOS SUPPOS SUPPOS SUPPOS SUPPOS SUPPOS

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 1/1/07		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through .	1/20/07	Page 3 of 4		
Friends of Mark Mastromatteo					1293096		
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Colum CALENDAR TOTAL TO	YEAR		mary for Candidates State Primary and		
1. Monetary Contributions Schedule A. Line 3	\$0	\$	720.00		through 6/30 7/1 to Date		
Loans Received	\$ 420.00	s	720.00	20. Contributions Received \$	\$		
4. Nonmonetary Contributions	\$ 420.00	\$	0 720.00	21. Expenditures Made \$	\$		
Expenditures Made  6. Payments Made	s 0	\$	0	Expenditure Limit	Summary for State		
7. Loans Made	0	s	0		ve Expenditures Made*		
9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3	0		0	Date of Election (mm/dd/yy)	Total to Date		
10. Nonmonetary Adjustment		s	0		\$		
Current Cash Statement							
12. Beginning Cash Balance Previous Summary Page, Line 16	ፈሳስ ሰሰ	To calculate Colu					
13. Cash Receipts	0	corresponding a from Column B or report. Some ar	mounts of your last	*Amounts in this section reported in Column 8.	ion may be different from amounts		
15. Cash Payments		Column A may be figures that show subtracted from	e negative uld be				
If this is a termination statement, Line 16 must be zero.		period amounts. the first report b	If this is eing filed				
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2	<b>s</b> 0	for this calendar carry over the a from Lines 2, 7,	mounts				

any).

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Cash Equivalents and Outstanding Debts

18. Cash Equivalents ...... See instructions on reverse \$ \_\_

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$

Schedule A		Type or print in lak.				SCHEDULE A		
Monetary Contributions Received  SEE INSTRUCTIONS ON REVERSE			s may be rounded whole dollars.	Statement cov	ers period 1/07	CALIFORNIA 460		
					/20/07 Page		4 of4	
NAME OF FILER						I.D. NL	JMBER	
	f Mark Mastromatteo					12930	096	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ' (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
1/8/07	Kirstin Maschka and David Hitchcock 1249 N. Wilson Ave Pasadena, CA 91104	☑IND □COM □OTH □PTY □SCC	K - self emp - consultant David - owner/broker Vesta Real Estate & Mort	300.00	300.00		300.00	
1/16/07	Dianne Segura 1626 N. Wilcox Ave #240 Los Angeles, CA 90028	☑IND □COM □OTH □PTY □SCC	Executive Director, YWCA Foothill Valley	100.00	100.00		100.00	
		IND   COM   OTH   PTY   SCC						
		□IND □COM □OTH □PTY □SCC						
		IND   COM   OTH   PTY   SCC						
			SUBTOTALS	400.00				
1. Amount re	A Summary eceived this period – itemized monetary contributions.			400.00	IND	ntributor ( – Individu M – Recin	ıal	
(Include all Schedule A subtotals.)			\$			(other	I – Recipient Committee (other than PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contribution	s of less than	\$100 \$	20.00	PT	r - Politica	(e.g., business entity) al Party Contributor Committee	
<ol><li>Total mon (Add Line</li></ol>	letary contributions received this period. is 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.	) <b>TOTAL \$</b>	420.00	SCI		C Form 460 (January/05)	

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